



# Massachusetts Department of Revenue Advisory Council Membership Application

Massachusetts  
Department of  
Revenue

Complete this application and return it to the address below no later than close of business on November 30, 2012.

## Part 1. Application Information

|                              |                           |                     |     |
|------------------------------|---------------------------|---------------------|-----|
| Name                         | Telephone number          |                     |     |
| Address                      | City/Town/Post Office     | State               | Zip |
| Business association name    | Business telephone number | Business fax number |     |
| Business association address | City/Town/Post Office     | State               | Zip |
| Job title                    | E-mail address            |                     |     |

## Part 2A. Affiliations: Who Do You Represent?

Write a brief statement describing your current or past affiliation with a particular organization or constituency that you will be representing on the Advisory Council, and examples of how you have advocated the group's positions, issues or concerns.

---

---

---

## Part 2B. Desired Skills and Qualifications

DOF is seeking candidates for the Advisory Council who have the following attributes:

- Experience in applying tax law knowledge to resolve complex tax issues.
- Experience developing and implementing customer service initiatives and tools.
- Experience in business management and improvement.
- Experience working in a multi-cultural/multi-lingual environment.
- Experience establishing successful strategic partnerships.
- Ability to examine issues from a big-picture viewpoint, and effectively communicate your views and recommendations regarding issues.

Write a brief statement that shows how you utilized these qualifications in representing your organization or constituency. Attach additional sheet if necessary.

---

---

---

## Part 3. Applicant Resume

Attach a copy of your resume. Indicate position(s), title(s), and dates of employment. Additionally, list professional credentials and membership in professional organizations.

**Part 4. Sign Here.** All applicants must be a taxpayer in good standing with the IRS and DOF.

I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Signature

Date

/ /

Mail to: Massachusetts Department of Revenue, Commissioner and Executive Offices, PO Box 9550, Boston, MA 02114-9550.  
Fax to: Commissioner's Office at 617-626-2299.